

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

24826
Do not use this space.

1. PLACE OF DEATH

(a) County JACKSON Registration District No. 399
 (b) Township RAW Primary Registration District No. 1002 Registered No. 3029
 (c) City KANSAS CITY (d) Street No. COMMONWEALTH HOTEL - 1374 1/2 BROADWAY
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 16 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

WILLIAM EDGAR SIMMONS
 (a) Residence, No. COMMONWEALTH HOTEL St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF MRS. JOEL SIMMONS
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCT-26-1885
 7. AGE YEARS 53 MONTHS 9 DAYS 1 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. OWNER
 9. Industry or business in which work was done, as saw mill, bank, etc. HOLLYWOOD BUFFET
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) WEATHERFORD TEXAS

FATHER 13. NAME SAM SIMMONS

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) LOUISVILLE KENTUCKY

MOTHER 15. MAIDEN NAME UNK WILSON

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

17. INFORMANT (ADDRESS) MRS. JOEL SIMMONS COMMONWEALTH HOTEL

18. BURIAL, CREMATION, OR REMOVAL PLACES Forest Hill DATE JULY 29 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) D.W. NEWCOMER'S SONS

20. FILED July 28 1939 M. M. Browne Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JULY 27 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1939 to July 26 1939
 I last saw him alive on July 26 1939 Death is said to have occurred on the date stated above, at 5:00 a. m.
 The principal cause of death and related causes of importance were as follows:

Ca of left Kidney Date of onset 51
 Other contributory causes of importance: General Carcinomatosis

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury 1

24. Was disease or injury in any way related to occupation of deceased? Yes
 If so, specify Stomach Cancer M.D.
 (Signed) W. W. Withers
 (Address) 203 West Main St

303 North Main St
11-12-30

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

_____, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed George M. Collier

Licensed Embalmer No. 3839

P. O. Address K.C., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.